

12/3/2014

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
TN7941(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
12/3/2014

Name of Facility

DOVE HEALTH & REHAB OF COLLIERVILLE, LLC

Street Address, City, State, Zip Code

490 WEST POPLAR AVENUE
COLLIERVILLE, TN 38017

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix N0629	11/28/2014	ID Prefix N0645	11/28/2014	ID Prefix N0728	11/28/2014
Reg. # 1200-8-6-.06(3)(b)8. LSC		Reg. # 1200-8-6-.06(3)(k) LSC		Reg. # 1200-8-6-.06(6)(b) LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix N0765	11/28/2014	ID Prefix		ID Prefix	
Reg. # 1200-8-6-.06(9)(i) LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By

✓

Reviewed By

JP

State Agency

Reviewed By

CMS RO

Reviewed By

Date:

12/3/14

Date:

Signature of Surveyor:

JP PHINCE

Signature of Surveyor:

Date:

12/3/14

Date:

Followup to Survey Completed on:

10/30/2014

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO